



Long Term Care Coordinating Council
Integrated Care Initiative Consumer Advisory Council

July 2nd, 2014

10:00-11:30

Child and Family Services

1268 Eddy St.

Providence, RI 02905

Minutes

Nicholas Oliver	Marianne Raimondo	Leena Sharma
Michelle LaFrance	Aida Corsson	Bruce Gore
Diane Taft	Heather Amaral	Sharon Kernan
Donna Lonschien	Anne Mulready	Bessie Deloach
Maureen Maigret	Paula Parker	Elaina Goldstein
Kevin Sullivan	Paula Parker	Mary Madden
Geyang Chai	Jennifer Reid	Jessica Donahue
Linda Katz	Allison Croke	Lauren Costa
Grace Gonzalez	Kara Neymeyr	Geyang Chai
Lisa Corrente-Hetland	Josie Wong	Kevin Sullivan
Cheryl Dexter	Jim Nyberg	Dora Cooney
Diana Beaton	Kevin Nerney	Donna Leong
Maria Petrillo	David McMahon	Marea Tumber
Holly Garvey	Marjorie Waters	Lt. Governor Roberts

1. Welcome

Lt. Governor Roberts called the meeting to order. She stated that the agenda has changed for this meeting. The agenda that was sent out by email stated that there would be discussion of the self-directed care program. However, this agenda item has been moved to September's ICI CAC meeting. In its place, Sharon Kernan will give an update on the discussions with DD/SPMI advocates and the ICI. Sharon will give this update at the end of the meeting.

Lt. Governor Roberts also mentioned that Article 18 of the Budget passed with a Sub A that would impact the ICI. EOHHS is currently analyzing the budget article and its effects, and will present its findings in September.

2. Approval of minutes from June 4th meeting

Minutes from the previous meeting were sent through email. Minutes were approved and are posted on the Secretary of State's Website.

3. Updates on enrollment

*Holly Garvey, Medical Services Manager, EOHHS and Xerox
Presentation Available upon Request*

Holly Garvey presented on the enrollment numbers as of July 1st, 2014.

Lt. Governor Roberts asked if the benefits are different between the groups that all fall under the 1115 Waiver (e.g. DEA, Hab, personal choice and A & D (Aged and Disabled)). Sharon Kernan stated that, although the 1115 waiver covers everyone, EOHHS still categorizes people into different populations because while the benefits might be consistent, the delivery systems may be different. She also said that one could receive benefits from a few systems concurrently. It was brought up that this categorization of the different programs under the 1115 Waiver was confusing.

Elaina Goldstein said this issue came up in the 1115 Global Waiver Task Force and stakeholder meeting. Federal CMS calls them "eligibility categories." There is an eligibility category called the "Sherlock Category," that includes people who can still work.

Sharon Kernan stated that eligibility criteria may be different for different groups. Within a grouping with a core set of benefits, you can have additional services from being in that program. For example, if you have someone caring for you in your home, you can get them a stipend. These special programs have core benefits plus ancillary benefits that vary according to the categories. Lt. Governor Roberts expressed concern that people may not have access to the correct program.

Linda Katz stated that program managers do not have people assigned to be outreach specialists in order to tell applicants which other programs they are eligible for. There are some clinical and some financial eligibility criteria, and we need to be sure people get offered the same programs.

Lt. Governor Roberts stated that we need to separate "eligibility" vs "program design." Lt. Governor Roberts also questioned why there were only 72 people in the Assisted Living category in Holly's slide presentation, and asked why there would be a person in a program who is not able to be enrolled into ICI. Maureen Maigret answered that they need full Medicare eligibility; there are people who receive services but may not have full Medicare coverage, parts A, B, and D.

Maureen Maigret asked if there are people enrolled in the ICI who only have Medicare Part A. Alison stated that they are not eligible for ICI because they need the full Medicare package

Holly Garvey stated that she will update the enrollment numbers for next meeting regarding the ICI and partial Medicare.

Alison Croke stated that in the next ICI CAC meeting, there will be a presentation of some of the trends that EOHHS has been seeing from its call center.

4. Voices for Better Health—RI introductory presentation

Organizations involved in Voices for Better Health—RI: Senior Agenda Coalition, Economic Progress Institute, Rhode Island Organizing Project, and Community Catalyst.

Bill Flynn stated that Senior Agenda Coalition has partnered with RI Organizing Project and the Economic Progress Institute for a two-year effort to ensure consumer oversight for the ICI. This project is funded by Community Catalyst.

Marjorie Waters stated that she has been talking with many seniors at gathering places, such as churches and senior centers, to understand their questions and thoughts about the ICI. Many of the people she speaks to just need a little help to keep them out of a nursing home, e.g. an aide to help with laundry or grocery shopping. Many people who received ICI enrollment letters stated that there is a lack of information regarding the program. There are many systems in place that are geared for institutionalized care, not keeping people in their homes. Many seniors want a person in front of them, so that they can ask questions, even if it's in a group setting. Medical providers are not aware of RI Organizing Project. Many seniors are concerned that a program change will cause them to lose the caregivers that they have.

Diana Beaton asked if Marjorie has referred people to DEA or 211 the Point. Marjorie stated that she enters the senior centers and churches not as an advocate, but as a listener. As such, she does not refer people.

Elaina Goldstein asked if Marjorie knows if the people she speaks to are dually-eligible. Marjorie stated that their statuses usually become clear as they start speaking, but she does not know whether people are duals when she enters.

Virginia Burke stated that there are people who come into the nursing home undernourished. Many times, people become better after a few weeks in the nursing home and they are ready to return to the community. However, nursing homes do not want to send them back to the community setting that made them malnourished in the first place, without the services that they need.

There are five states involved in Voices for Better Health. Community Catalyst has established an online learning community for all of the project managers to learn from each other's experiences. Community Catalyst partners with state and local

advocates to develop meaningful engagement with consumers. Bill, Maureen and Linda are working to resolve non-medical barriers (i.e. food, durable equipment).

VFBH brings in both grassroots advocacy and top-down policy advocates to ensure that there are coordinated advocacy efforts.

Kate Sullivan asked if VOICES/Community Catalyst works with nursing home residents or just community organizations.

Leena Sharma from Community Catalyst stated that they are looking to lower administrative costs and improve communications. When MOUs are signed with state and CMS, this arrangement is formally called a demonstration project.

Shirley Palmer stated she is wary of having more random people tell her about what type of care she needs. She said that she trusts the case manager that she has been paired with at RHO because she values the partnership between her and RHO.

Lt. Governor Roberts asked if they have been able to see if other states for community with LTSS have similarly high opt-out rates. Leena Sharma stated it's still early, but that Ohio is seeing the same trend. Massachusetts is also surveying people about why they opted out.

Ray Gagne stated that there are many people who live in the community with LTSS, and that they want to keep living in the community.

Virginia Burke stated that Phase I and duals-demonstration in Phase II are very different. She asked what the VFBH project is saying to eligible consumers. Marjorie stated that VFBH is having listening sessions, not so much solving sessions.

Linda Katz stated that in Phase II, there is a change in the financing, as opposed to the services given to consumers. Sharon Kernan stated that Phase II has an additional level of services provision, and this level of service connects the dots for the consumers.

Sharon Kernan stated there were no new bids for Phase II. There will only be one plan since there were no additional bidders.

Alison Croke stated that the MOU is going through final CMS clearance, and signatures are planned for the end of July. They will talk about the Ombudsman grant information after the MOU signing. Alison stated that the financing will change; additional services will be added to Phase II (perhaps in year two). Alison stated that there are some services put in as placeholders, but she would like to talk with VFBH about some services that they have been hearing about in their listening sessions.

Maureen Maigret has a small grant for two geriatric expert providers (Richard Besdine from Brown and Martha Watson from Miriam). They will be speaking with NHP about barriers, such as information, transportation, assistance with daily living, medication management, and social isolation. The Phase I Peer Navigator helps with these issues.

Elaina Goldstein stated that many years ago, there were states that put aside money for special projects that help ensure that people stay in the community. This is not a list of services, but money that can be used on a case-by-case basis as needed. She stated that perhaps the ICI and the care managers can use a similar model for non-medical expenses that help people stay in the community.

Paula Parker asked VFBH if there is a pipeline for DEA and VFBH. DEA would find Marjorie Waters' listening session takeaways very important and DEA would like to learn more about these problems. Marjorie stated that these needs are not new and they are just continuous findings that are not taken care of—this creates the “downward slide.”

Lt. Governor Roberts stated that the aggregation of data is important and she would like VFBH to give more information about that at later meetings.

5. Marketing and Outreach Subcommittee meeting

Maureen Maigret stated that on June 24th, there was a meeting for the Marketing and Outreach subcommittee. They reviewed the collateral materials for Phase I marketing.

There was discussion about what is needed for Phase II. Two groups were formed: (1) will look at the enrollment letter and Q&A to see if they can make it more consumer-friendly, (2) will look at which PCP or providers will need outreach. DOH publishes an e-newsletter each month to PCP, and this may be a useful tool to use for marketing.

Linda Katz stated that both programs are formed in order to sell the program, not just relay the information.

Maureen Maigret asked if anyone has access to PCP venues/communications tool. Suggested venues included CSI and Coastal Medical.

The next meeting is on July 29th at the YMCA on Pine Street in Providence from 3:30-4:30.

6. ICI and people with developmental disabilities and/or SPMI

Sharon Kernan stated that EOHHS has been working with BHDDH to ensure that their concerns are being addressed. The support coordinators who are in-place already will be trained on the ICI program. She is facilitating a closer relationship

between RHO and LivingRite so that they will have site visits, and share information with each other.

Elaina Goldstein asked LivingRite should talk to people who manage the 4CP program. 4CP will still be an option when Phase II starts. Phase II will not see 4CP as a managed care plan. Dave McMahon of BHDDH stated that coordination of care for BHDDH population is extremely important.

Sharon Kernan stated that the conversations in the past month have been to address the DD population. SPMI is the next agenda conversation. Alison Croke stated that the SPMI saw a shift in funds from BHDDH to EOHHS in the budget for drug overdose prevention. This will be for fee-for-service.

Lt. Governor Roberts stated that she would like an outreach of DD/SPMI population advocates into the meeting for ICI CAC.

7. Public comment

Nicholas Oliver asked if EOHHS received communication from providers who submitted a NOIA, but did not submit a bid to the procurement. It was stated that some providers who submitted NOIAs were concerned about the available market share, and thus did not submit a bid.

The timeline that EOHHS has right now will not change.

Virginia Burke stated that, for the long-stay nursing home population, a duals demonstration might have benefit. If a resident today has a change in condition that requires medical assessment, the resident may have to go to the hospital. There, he or she is likely to pick up an infection, or experience increased agitation and confusion because of the ED environment. Medicare will pay thousands of dollars for the hospital visit. In a duals demonstration, Medicare funding can be used to make primary care available in the nursing facility, through a physician or nurse practitioner. This will forestall many hospital visits, leading to net savings to the system. These savings are shared by the provider and payer. They can be used by the nursing home to make up funding shortfalls, and by NHP for strengthening other services.

Shirley Palmer asked about the gaps in service when people who flex on and off Medicaid due to changes in their financial situation. Alison Croke stated that the program doesn't address this issue, and the problem will still exist.

Bessie Deloach stated that there is a lot of confusion with the cards that the consumers receive. Bessie stated that there is little continuity of information out there, and that she is hearing about a lot of confusion in the community regarding the ICI. She stated that there are many people who are enrolled in the program, but do not know what services they are now entitled to. Lt. Governor Roberts stated that she would like to start the next meeting with strategy for people who are eligible,

but not receiving the service. They are technically eligible, but they do not know what the card does.

Sharon Kernan stated that they are looking to find funds to assist with transportation for consumers.

Lt. Governor Roberts stated that Donna Leong will be leaving the office on July 10th. For all related ICI CAC questions, please direct them to Sadie DeCourcy in the Office of Lt. Governor (sdecourcy@ltgov.state.ri.us).

- 8. Next meeting:** 10:00-11:30 a.m. September 3rd, 2014 at Child and Family (1268 Eddy St. Providence)

Please note that we are not meeting in August